

10/717,461

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS											
IND	DEP	IND	DEP	IND	DEP												
1	1	1				81	IND	DEP	IND	DEP	IND	DEP					
2	1	1				82											
3						83											
4	2	2				84											
5	2	2				85											
6	2	2				86											
7	1	1				87											
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9	1	1				89											
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TOTAL IND. 4						TOTAL IND. 14						TOTAL IND. 14					
TOTAL DEP. 20						TOTAL DEP. 56						TOTAL DEP. 56					
TOTAL CLAIMS 24						TOTAL CLAIMS 60						TOTAL CLAIMS 60					